



REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) <b>1945.BDM</b>
In re-Application of Skrzyniarz et al.		
U.S. Application Number <b>09/916,779</b>		International Filing Date: <b>07/27/2001</b>
For: <b>FOAMED ADHESIVE AND USE THEREOF</b>		
Group Art Unit <b>1771</b>		Examiner: <b>Victor C. Chang</b>
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
<input type="checkbox"/> One month (37 CFR 1.17(a) (1))		\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a) (2))		\$ <u>420.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a) (3))		\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a) (4))		\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a) (5))		\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$ _____		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card Form PTO-2038 is attached.		
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-0455</u> I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
<u>11-13-2003</u> Date		<u>Cynthia L. Foulke</u> Signature
<u>Cynthia L. Foulke</u> Typed or Printed Name		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		

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